

## Hemolytic uremic syndrome outbreak in Turkey in 2011

To the Editor,

I was pleased to read Ekinçi et al.'s paper entitled "Hemolytic uremic syndrome outbreak in Turkey in 2011", which indicates that several groups from different parts of the country were able to plan and accomplish this nice study (2013; 55: 246-252).

I would like to mention a few points related to this study. I believe Shiga-like toxin in stool has a prime importance<sup>1</sup>, similar to that of CD34<sup>2</sup>. When antibodies to Shiga-like toxin are produced, it can affect several cells in the body, which might reflect involvement of several tissues and organs in this disorder.

A clinical finding of acquired thrombotic-thrombocytopenic purpura (TTP) is similar to HUS, though their etiologies differ. Acquired antibodies to von-Willebrand factor in TTP are of prime importance. We successfully treated two adult patients with TTP, in one of whom three recurrences were observed several years apart, by using megadose prednisolone (MDMP) daily 30 mg/kg/day for 1 week, 20 mg/kg for 4 days, and subsequently 10, 5, 2 and 1 mg/kg/day; originally, each dose was given for one week intravenously (i.v.), recently orally, at about 6 a.m., at once<sup>3</sup>.

I wish that the authors would apply this same treatment to their patients with HUS without using antibiotics in the presence of Shiga-like toxin in the stool<sup>4</sup>, since this treatment has been used in over 400 patients without any major side effects<sup>5</sup>.

## REFERENCES

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